

EXHIBIT A



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 05/06/2022
Effective Date: 05/06/2022
UBI #: 604 143 539

Designation of Agent/Statement of Change

BUSINESS INFORMATION

Business Name:

BIT CAPITAL GROUP, LLC

UBI Number:

604 143 539

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

2272 S NEVADA CT APT A302, E WENATCHEE, WA, 98802-5953, UNITED STATES

Principal Office Mailing Address:

2272 S NEVADA CT APT A302, E WENATCHEE, WA, 98802-5953, UNITED STATES

Expiration Date:

05/31/2022

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

05/12/2020

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

ANY LAWFUL PURPOSE

REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.

Registered Agent Consent (Check One):



I am the Registered Agent. Use my Contact Information.



I am not the Registered Agent. I declare under penalty of perjury that the Foreign Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the Foreign Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW 23.95.415 requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
JIMMY THOMMES	5805 N VISTA LN, SPOKANE VLY, WA, 99212-1679, USA	5805 N VISTA LN, SPOKANE VLY, WA, 99212-1679, USA

RETURN ADDRESS FOR THIS FILING

Attention:

JIMMY THOMMES

Email:

T@BITCAP.CO

Address:

5805 N VISTA LN, SPOKANE VLY, WA, 99212-1679, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

JAMES

Last Name:

THOMMES

Title:

CEO

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.